



## HHS VOLUNTEER RECRUITER PROGRAM (VRP) APPLICATION

Thank you for your interest in the HHS Volunteer Recruiter Program (VRP). HHS is committed to creating a work environment that fosters appreciation and mutual respect for each and every employee and is reflective of the diverse populations it serves. This management philosophy encourages HHS staff to develop and demonstrate cultural adeptness in their relationships with internal and external customers.

As a VRP member, you will assist HHS recruiters in enlisting talented individuals from all backgrounds and disciplines to careers in the Department, and to promote diversity within the HHS workforce, particularly in mission-critical occupations. As a volunteer recruiter, you will do this by:

1. Promoting a unified organization and becoming a brand ambassador of the “One HHS” concept;
2. Sharing information with the public about the HHS mission, structure, locations, occupations and entities;
3. Addressing the federal job application knowledge gap through an explanation of the process;
4. Fostering an interest in science, technology, engineering, mathematics, medicine and health (STEMM-H) at the K-16 levels to strengthen and promote the STEMM-H education-to-career pipeline;
5. Providing subject-matter expertise and first-person narratives around your specific discipline and occupation; and
6. Enlisting talented individuals from all backgrounds and fields of study to careers in the agency.

**To be added to the program, you must complete this application, to include obtaining your supervisor’s approval, and submit it to [Recruiter@hhs.gov](mailto:Recruiter@hhs.gov).** The information requested on the form enables the Talent Acquisition Division (TAD) and agency recruiters to better match you to upcoming events. Additionally, as a volunteer recruiter, you must:

- Have supervisor approval to participate;
- Be willing to set aside at least 10 percent of your time to recruitment and outreach events;
- Be able to travel locally and nationally;
- Be comfortable speaking in public to a variety of audiences;
- Be able to speak about current vacancies in your discipline and/or organization;
- Be willing and able to informally review resumes, CVs and cover letters submitted by potential candidates and provide written and verbal feedback to them;

- Be willing to participate in webinars, panels and other events via Livestream, Adobe Connect, GoToMeeting, WebEx, or any other virtual means available;
- Be willing and able to write after-action reports, blogs and articles about events and activities in which you participate; and
- Complete the required one-day training program and/or subsequent refresher courses.

You will receive an e-mail confirmation of receipt within three business days (72 hours), as well as details regarding the required one-day training.

## **BACKGROUND/CONTACT INFORMATION**

Name	
Primary E-mail	
Secondary E-mail	
Primary Telephone	
Secondary Telephone	
Position Title	
Series (if known)	
StaffDiv or OpDiv	
Center/Institute/Office (if applicable)	
Division	
Branch	
Length of Time at HHS	

## **DESIGNATION** (check all that apply)

- ☐ ERG Member (insert name of ERG you are a member of): [Type text]
- ☐ EEO, D&I or HR professional or an HHS employee in a related area (insert which): [Type text]
- ☐ Commissioned Corps
- ☐ Veteran
- ☐ Person with a Disability
- ☐ Presidential Management Fellow (PMF)
- ☐ Returned Peace Corps Volunteer (RPCV)
- ☐ Americorps VISTA
- ☐ U.S. Department of State Foreign Service Eligible Family Member (EFM)
- ☐ Military Spouse
- ☐ Senior Executive Service (SES) Candidate Development Program (CDP) Graduate
- ☐ Graduate of any other HHS internship, fellowship or public health training program (insert program name): [Type text]

## **EDUCATION**

Highest Level Achieved: ☐ A.A. ☐ B.A./B.S. ☐ M.A./M.S. ☐ PhD./J.D./M.D. ☐ Professional Certificate

If JD or MD, specialty: [Type text]

Alumnus/Alumna of (list all schools): [Type text]



## HERITAGE (Optional)

- ☐ Hispanic/Latino
- ☐ Native American/Alaska Native
- ☐ African-American
- ☐ Asian/Pacific Islander
- ☐ Other [Type text]

## FOREIGN LANGUAGE SKILLS

- ☐ Bilingual/Multilingual?

### Language(s)

### Proficiency

<input type="checkbox"/> Spanish	<input type="checkbox"/> Beginner	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced	<input type="checkbox"/> Fluent	<input type="checkbox"/> Native
<input type="checkbox"/> French	<input type="checkbox"/> Beginner	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced	<input type="checkbox"/> Fluent	<input type="checkbox"/> Native
<input type="checkbox"/> German	<input type="checkbox"/> Beginner	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced	<input type="checkbox"/> Fluent	<input type="checkbox"/> Native
<input type="checkbox"/> Portuguese	<input type="checkbox"/> Beginner	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced	<input type="checkbox"/> Fluent	<input type="checkbox"/> Native
<input type="checkbox"/> Mandarin Chinese	<input type="checkbox"/> Beginner	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced	<input type="checkbox"/> Fluent	<input type="checkbox"/> Native
<input type="checkbox"/> Japanese	<input type="checkbox"/> Beginner	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced	<input type="checkbox"/> Fluent	<input type="checkbox"/> Native
<input type="checkbox"/> Hebrew	<input type="checkbox"/> Beginner	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced	<input type="checkbox"/> Fluent	<input type="checkbox"/> Native
<input type="checkbox"/> Russian	<input type="checkbox"/> Beginner	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced	<input type="checkbox"/> Fluent	<input type="checkbox"/> Native
<input type="checkbox"/> Arabic	<input type="checkbox"/> Beginner	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced	<input type="checkbox"/> Fluent	<input type="checkbox"/> Native
<input type="checkbox"/> Persian/Farsi	<input type="checkbox"/> Beginner	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced	<input type="checkbox"/> Fluent	<input type="checkbox"/> Native
<input type="checkbox"/> Urdu	<input type="checkbox"/> Beginner	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced	<input type="checkbox"/> Fluent	<input type="checkbox"/> Native
<input type="checkbox"/> Azerbaijani	<input type="checkbox"/> Beginner	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced	<input type="checkbox"/> Fluent	<input type="checkbox"/> Native
<input type="checkbox"/> Bangla/Bengali	<input type="checkbox"/> Beginner	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced	<input type="checkbox"/> Fluent	<input type="checkbox"/> Native
<input type="checkbox"/> Hindi	<input type="checkbox"/> Beginner	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced	<input type="checkbox"/> Fluent	<input type="checkbox"/> Native
<input type="checkbox"/> Indonesian	<input type="checkbox"/> Beginner	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced	<input type="checkbox"/> Fluent	<input type="checkbox"/> Native
<input type="checkbox"/> Korean	<input type="checkbox"/> Beginner	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced	<input type="checkbox"/> Fluent	<input type="checkbox"/> Native
<input type="checkbox"/> Punjabi	<input type="checkbox"/> Beginner	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced	<input type="checkbox"/> Fluent	<input type="checkbox"/> Native
<input type="checkbox"/> Turkish	<input type="checkbox"/> Beginner	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced	<input type="checkbox"/> Fluent	<input type="checkbox"/> Native
<input type="checkbox"/> Other [Type text]	<input type="checkbox"/> Beginner	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced	<input type="checkbox"/> Fluent	<input type="checkbox"/> Native

## SUPERVISOR APPROVAL

Supervisor Name	
Title	
StaffDiv or OpDiv	
Center/Institute/Office (if applicable)	
Division or Branch	
Supervisor Signature	
Date	

**Thank you for your submission!**

You will be notified via e-mail once your application has been reviewed and you have been added to the program. A training schedule also will be provided to you electronically.

Please contact us with any questions or concerns you may have.

## **HHS CAREERS**

Administration | Medical | Program Management | Science

**RECRUITER@HHS.GOV | 202-260-6547**